pennsylvania
Office of Administration
Bureau of State Employment
110 Finance Building
Harrisburg, PA 17120-0018
www.employment.pa.gov

PERSONAL DATA SHEET

SECTION 1

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS - NUMBER & STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

TELEPHONE (999) 999-9999 _____ DATE AVAILABLE FOR WORK _____ MINIMUM SALARY YOU WILL ACCEPT _____

DESIRED LOCATION OF EMPLOYMENT: REFER TO LISTING OF COUNTY CODES AND ENTER IN THE BOXES BELOW THE APPROPRIATE CODE(S) OF COUNTIES WHERE YOU WILL ACCEPT EMPLOYMENT (IN PRIORITY ORDER). EXAMPLE: DAUPHIN COUNTY="22"

01 -ADAMS	10 -BUTLER	19 -COLUMBIA	28 -FRANKLIN	37 -LAWRENCE	46 -MONTGOMERY	55 -SNYDER	64 -WAYNE
02 -ALLEGHENY	11 -CAMBRIA	20 -CRAWFORD	29 -FULTON	38 -LEBANON	47 -MONTOUR	56 -SOMERSET	65 -WESTMORELAND
03 -ARMSTRONG	12 -CAMERON	21 -CUMBERLAND	30 -GREENE	39 -LEHIGH	48 -NORTHAMPTON	57 -SULLIVAN	66 -WYOMING
04 -BEAVER	13 -CARBON	22 -DAUPHIN	31 -HUNTINGDON	40 -LUZERNE	49 -NORTHUMBERLAND	58 -SUSQUEHANNA	67 -YORK
05 -BEDFORD	14 -CENTRE	23 -DELAWARE	32 -INDIANA	41 -LYCOMING	50 -PERRY	59 -TIOGA	68 -OUT OF STATE
06 -BERKS	15 -CHESTER	24 -ELK	33 -JEFFERSON	42 -MCKEAN	51 -PHILADELPHIA	60 -UNION	69 -STATE WIDE
07 -BLAIR	16 -CLARION	25 -ERIE	34 -JUNIATA	43 -MERCER	52 -PIKE	61 -VENANGO	
08 -BRADFORD	17 -CLEARFIELD	26 -FAYETTE	35 -LACKAWANNA	44 -MIFFLIN	53 -POTTER	62 -WARREN	
09 -BUCKS	18 -CLINTON	27 -FOREST	36 -LANCASTER	45 -MONROE	54 -SCHUYLKILL	63 -WASHINGTON	

☐ ☐ ☐ ☐ ☐ ☐ **COUNTY OF RESIDENCE**

TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING: (CHECK ALL THAT APPLY)

☐ PERMANENT FULL-TIME ☐ PERMANENT PART-TIME ☐ TEMPORARY FULL-TIME ☐ TEMPORARY PART-TIME ☐ COLLEGE INTERNSHIP ☐ SEASONAL

DO YOU POSSESS A LEGAL AND CURRENT DRIVER'S LICENSE? ☐ Yes ☐ No

WHICH OF THE FOLLOWING CURRENT AND VALID LICENSES DO YOU POSSESS? ☐ CNA ☐ HVAC ☐ CDL ☐ AUTO DIESEL MECHANIC

ARE YOU A VETERAN OF THE US ARMED FORCES ? ☐ Yes ☐ No

ARE YOU SUBJECT TO ANY VISA OR IMMIGRATION STATUS WHICH WILL PREVENT LAWFUL EMPLOYMENT? ☐ Yes ☐ No

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE? ☐ Yes ☐ No

ARE CHARGES CURRENTLY PENDING AGAINST YOU FOR A CRIMINAL OFFENSE? ☐ Yes ☐ No

HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? ☐ Yes ☐ No

The term criminal offense is defined as a felony, misdemeanor, summary offense, and/or conviction resulting from a plea of nolo contendere (no contest). You may omit only: (1) minor traffic violations; (2) offenses committed before your 18th birthday, which were adjudicated in juvenile court or under a youth offender law; and (3) convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program. Conviction of a criminal offense is not a bar to employment in all cases.

If you answered, "YES" - In the space below or on a separate piece of paper you must list all offenses, and for each conviction give details including city, state, date of conviction, and disposition. **You may attach details electronically by** first saving the documents to your computer. Then click on Adobe Comment Menu (right corner of screen). Under annotations choose the paper clip icon. Move the cursor back into the form (your cursor should now be a thumbtack). Pin the thumbtack cursor to the form to attach your document. Make sure your attachment icon is in the box below (click and drag if necessary).

☐ I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I AM AWARE THAT ALL STATEMENTS MADE BY ME ON THIS DOCUMENT ARE SUBJECT TO INVESTIGATION INCLUDING VERIFICATION OF PRIOR EMPLOYMENT AND EDUCATION. I AGREE THAT MY TYPED SIGNATURE BELOW HAS THE SAME LEGAL EFFECT AS A HANDWRITTEN SIGNATURE FOR THE PURPOSES OF THE ELECTRONIC TRANSACTIONS ACT, 73 PA.C.S.§ 2260.101,ET SEQ.

SIGNATURE _____ DATE _____

SECTION 2 RESEARCH QUESTIONNAIRE

PLEASE BE ADVISED THAT THE INFORMATION REQUESTED BELOW WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT YOUR CHANCES FOR EMPLOYMENT. YOUR COOPERATION IN PROVIDING ACCURATE INFORMATION IS IMPORTANT. THIS INFORMATION IS VOLUNTARY; YOU ARE NOT REQUIRED TO COMPLETE THIS PORTION OF THE FORM. YOUR ANSWERS WILL BE USED FOR RESEARCH PURPOSES AND TO HELP ASSURE EQUAL EMPLOYMENT OPPORTUNITIES. PLEASE CHECK THE APPROPRIATE RESPONSE TO EACH QUESTION.

GENDER ☐ Male ☐ Female DATE OF BIRTH _____

RACE (HOW DO YOU DESCRIBE YOURSELF?)

☐ BLACK/AFRICAN AMERICAN (NOT OF HISPANIC ORIGIN): Persons having origins in any of the black racial groups of Africa.

☐ HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ WHITE (NOT OF HISPANIC ORIGIN): Persons having origins to the original peoples of Europe, North Africa, or the Middle East.

☐ AMERICAN INDIAN/ALASKAN NATIVE: Persons having origins in any of the original peoples of North and South America, and who maintain cultural identification through tribal affiliation or community affiliation.

☐ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, The Philippine Islands, and Samoa.